

AN EQUAL OPPORTUNITY EMPLOYER



**APPLICATION FOR EMPLOYMENT
TOWN OF BURRILLVILLE
OFFICE OF THE TOWN MANAGER
105 Harrisville Main Street
Harrisville, RI 02830**

(401) 568-4300 x115

(401) 568-0490 (FAX)

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, sexual orientation or any other legally protected status.

PERSONAL INFORMATION

Date of Application		Position Applied For	
Name (Last, First, Middle)		Mailing Address	
Home Telephone Number		Permanent Address, if different from mailing address	
Work Telephone Number		Social Security Number	
May we contact you at work?		If you are under 18 years of age, can you provide required proof of your eligibility to work?	
Best Time to contact is: ____:____ AM ____:____ PM ____ANYTIME		Are you legally authorized to work in the United States?	If required for job applied for, do you possess valid driver's license?
If your application is considered favorably, on what date will you be available for work?			
Are you currently employed?		Were you previously employed by the Town? If so, where and when?	
May we contact your present employer?			
Are you currently on "lay-off" status and subject to recall?			
Are you available to work:	Date available for work ____/____/____	Do any of your friends or relatives, other than spouse, work for the town?	
Full Time _____			
Part Time _____			
Temporary _____			
Seasonal _____	What is your desired salary range?		
Have you been convicted of a felony? ____Yes ____No			
Have you ever entered a plea of Nolo Contendere to a crime? ____Yes ____No			
A criminal record does not constitute an automatic bar to employment and will be considered as it relates to the job in question.			
This Employer is subject to the provisions of the Workers' Compensation Act of the State of Rhode Island			

EDUCATION

	School Name and Address	Course/Major	Did you Graduate	Degree or Certificate Received
High School				
College				
Other (Specify)				

Describe any specialized training, apprenticeship, skills and extra-curricular activities.

Describe any job-related training received in the United States military.

EMPLOYMENT EXPERIENCE

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations, which indicate race, color, religion, gender, national origin, disabilities or other protected status.

Employer		Dates Employed		Work Performed
		From	To	
Address				
Telephone Number(s)		Hourly Rate/Salary		
		Starting	Final	
Job Title	Supervisor			
Reason for Leaving				
Employer		Dates Employed		
		From	To	
Address				
Telephone Number(s)		Hourly Rate/Salary		
		Starting	Final	
Job Title	Supervisor			
Reason for Leaving				

Employer		Dates Employed		Work Performed
		From	To	
Address				
Telephone Number(s)		Hourly Rate/Salary		
		Starting	Final	
Job Title	Supervisor			
Reason for Leaving				

Employer		Dates Employed		Work Performed
		From	To	
Address				
Telephone Number(s)		Hourly Rate/Salary		
		Starting	Final	
Job Title	Supervisor			
Reason for Leaving				

If you need additional space, please continue on a separate sheet of paper

List professional, trade, business or civic activities and offices held.

You may exclude membership which would reveal gender, race, religion, national origin, age, ancestry, disability or other protected status:

ADDITIONAL INFORMATION

Other Qualifications

Summarize special job-related skills and qualifications acquired from employment or other experience.

SPECIALIZED SKILLS**(Check Skills/Equipment Operated)**

____ Terminal	____ Spreadsheet	Production/Mobile Machinery (List)	Other (List)
____ PC/MAC	____ Terminal		
____ Typewriter	____ Shorthand		
____ WPM	____ WPM		

State any additional information you feel may be helpful to us in considering your application.

Note to Applicants: PLEASE DO NOT ANSWER THIS QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENTS OF THE JOB FOR WHICH YOU ARE APPLYING
Can you perform the essential functions of the job with or without a reasonable accommodation?
____ WITH ____ WITHOUT

THIS AFFIRMATION MUST BE COMPLETED

I certify that there are no misrepresentations or falsifications of the above statements and answers to questions. I understand that should an investigation disclose such misrepresentations, falsifications and/or omissions, my application may be rejected and, should I be employed, my service may be terminated.

DATE

SIGNATURE

For Town Use

Date Received: _____

Person Receiving the Application: _____

REFERENCES

1.	()
(Name)	(Phone #)
(Address)	
2.	()
(Name)	(Phone #)
(Address)	
3.	()
(Name)	(Phone #)
(Address)	
4.	()
(Name)	(Phone #)
(Address)	
5.	()
(Name)	(Phone #)
(Address)	